

Testing History Questionnaire

Thank you for filling out this form. Remember that all the answers you give will be kept private. Some of the answers that you give will allow you to skip some of the questions. If you are not told to go to a different question, please answer the questions in order.

PART I: Questions about your HIV tests:

Staff use only

2. ____/____/____ Ref test date

1. Today's date ____/____/____ (month/day/year)

3. Why are you getting an HIV test today? Are you getting the test: (please check yes or no **for each question**)

[a] Because you think/are worried that you might have been exposed to HIV in the past 6 months? ☐₀ No ☐₁ Yes

[b] Because you get tested on a regular basis (for example, once a year or every six months), and it is time for you to get tested again? ☐₀ No ☐₁ Yes

[c] Because you are just checking to make sure you are HIV negative? ☐₀ No ☐₁ Yes

[d] Because you are required to get this test by either insurance, the military, a court order, or by some other agency? ☐₀ No ☐₁ Yes

[e] Because there is some other reason you wanted to get tested? ☐₀ No ☐₁ Yes
If so, what is the reason?

4. Have you ever been tested for HIV before today?

Yes.....☐₁

No.....☐₀

I don't want to answer.....☐₇

I don't know.....☐₉

Please go to Part II: HIV Medicines on Page 3

4a. Have you ever had a positive HIV test result?

Yes.....☐₁

No.....☐₀

I don't want to answer.....☐₇

I don't know.....☐₉

Please go to Question 4f on the next page

4b. What was the month and year of the very first time you tested positive for HIV? List when you got your test, not when you got your results. We will refer to this test date again.

____/____ (month/year)

Staff use only

____/____/____ Ref test date

4c. When you first tested positive for HIV (on the date in question 4b) were you given a number or a code to use to get your results instead of your name? (check one box).

Yes.....☐₁
 No.....☐₀
 I don't want to answer.....☐₇
 I don't know.....☐₉

4d. What was the name of the place where you got your first positive HIV test? For example, this could be the name of a health clinic, blood bank, doctor's office, or STD clinic.

Site name: _____ State: _____

Staff use only
 _____ Site type code

4e. When you got your first HIV positive test (on the date in question 4b), did you get the test: (please check yes or no **for each question**)

[a] Because you thought/were worried that you might have been exposed to HIV in the 6 months before the test? ☐₀ No ☐₁ Yes

[b] Because you got tested on a regular basis (for example, once a year or every six months), and it was time for you to get tested again? ☐₀ No ☐₁ Yes

[c] Because you were just checking to make sure you were HIV negative? ☐₀ No ☐₁ Yes

[d] Because you were required to get the test by either insurance, the military, a court order, or by some other agency? ☐₀ No ☐₁ Yes

[e] Because there was some other reason you wanted to get tested? If so, what was the reason? ☐₀ No ☐₁ Yes

4f. What was the month and year that you got your last negative HIV test? List when you got your test, not when you got your results.

____ / ____
 month year

I have not had a negative HIV test.....☐

Please go to Question 5a or 5b

4g. What was the name of the place where you had your last negative HIV test?

Site name: _____ State: _____

Staff use only
 _____ Site type code

5b. **For people who have NEVER had a positive test:** In the past two years, how many times did you get tested for HIV? Today's test has been included for you in this count.

1 (today's test) + ____ (tests before today) =

5a. **For people who have had a positive test before:** In the two years before your first positive test (that is, the two years before the date in question 4b) how many times did you get tested for HIV? Your first positive test has been included for you in this count.

1 (my first positive test) + ____ (tests before) =

6. When was the very first time you ever got tested for HIV, (when you got the test, not when you got the results)? Please make your best guess if you don't know for sure.

____ / ____ (month/year)

PART II: HIV Medicines

These last questions are about HIV medicines. Sometimes these are used to try to prevent HIV infection. This is called post-exposure prophylaxis, or PEP. Some of these medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART or the AIDS cocktail. PLEASE USE THE PICTURES OF ANTI-RETROVIRAL MEDICINES ON THE LAST PAGE WHEN ANSWERING THE NEXT QUESTIONS.

7. In the past six months have you taken any medicines shown in the picture on the last page to treat or try to prevent HIV or Hepatitis?

Yes.....☐_1

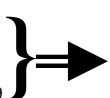


Please go to Question 7a

No.....☐_0

I don't want to answer.....☐_7

I don't know.....☐_9



STOP, You are Finished

- 7a. Which ones did you take? Please list them. (If you are not sure of which medicines you took in the last six months, please include medicines you MIGHT have taken during that time)

- 7b. What was the first day you took any of the medicines shown in the pictures? Please make your best guess if you don't know for sure.

___/___/___ (month/day/year)

- 7c. Are you now taking any of the medicines shown in the pictures?

No.....☐_0

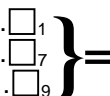


Please go to Question 7d

Yes.....☐_1

I don't want to answer.....☐_7

I don't know.....☐_9



STOP, You are Finished

- 7d. When was the last day you took any of the medicines shown in the pictures? Please make your best guess if you don't know for sure.

___/___/___ (month/day/year)

Thank you for your time today. Your answers will help us better understand HIV testing.